



Health care providers may find the following format useful for making infectious disease reports to the [RTR System](#). (Print this form using your browser's print button.)

Infectious Disease Report Form

Name of person making report:	
Institutional affiliation, if any: (e.g., Alaska Native Medical Center, Bassett Army Hospital, etc.)	
Telephone number:	
Name of attending health care provider:	
Name of reportable disease:	
Patient's name:	
Date of birth: (mm/dd/yyyy)	
Sex: (circle one)	male female
Race: (circle one)	White Alaska Native Asian Black other/unknown
Is patient of Hispanic ethnicity?: (circle one)	yes no unknown
Patient's community of residence:	
Was the diagnosis laboratory confirmed? (circle one)	yes no unknown
Date of illness onset or diagnosis, whichever is earlier: (mm/dd/yyyy)	
For reports of chlamydial infection, gonorrhea or syphilis only:	
What was the prescribed treatment?	
Was PID diagnosed? (circle one)	yes no unknown

Rapid Telephonic Reporting System:
Anchorage Area - telephone 561-4234
Outside Anchorage 1-800-478-1700
FAX 1-907-561-4239

For some situations, an epidemiologist will contact the reporting health care provider to discuss the case and obtain additional information. If further assistance is required, please call the [Section of Epidemiology](#) at 1-907-269-8000.